

WELCOME TO OUR PARISH

Mary, Queen of Heaven Catholic Church Registration Form

How did you hear about us: (Circle all that apply)

Date: _____

Friend—Mailer—Another Parish

Last Name: (Mr./Mrs./Ms.) _____	Religion: _____	Baptized Catholic? (Circle One) Yes / No
First Name: _____	DOB (mm/dd/yy): _____	(Circle One) Married Single Divorced Widowed
Address: _____	If married, anniversary date (mm/dd/yy): _____	
City, State, Zip: _____	If married, circle one: Catholic Church / Civil / Other Church _____	
Phone #s: Home: _____	Cell: _____	Work: _____
Email Address: _____	Occupation: _____	
Race (Circle One): White / African American / Filipino / Hispanic / Asian	Other: _____	

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Email Address: _____	Occupation: _____	
Race (Circle One): White / African American / Filipino / Hispanic / Asian	Other: _____	

Children or other Relatives Living with You:

Full Name: _____	DOB (mm/dd/yy): _____	Relationship: _____	Race: _____
Full Name: _____	DOB (mm/dd/yy): _____	Relationship: _____	Race: _____
Full Name: _____	DOB (mm/dd/yy): _____	Relationship: _____	Race: _____
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12.7.2018 Office Use: Processed on _____ Envelope # _____

Welcome Packet Mailed _____ Offertory Envelopes Mailed _____ Name Badge Ordered _____